STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL068-118	A. BUILDING: _____ B. WING _____	C 01/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FACILITY BASED CRISIS SERVICES	**110 NEW STATESIDE DRIVE CHAPEL HILL, NC 27516**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on January 28, 2020. The complaint was unsubstantiated (intake #NC00159147). No deficiencies cited. The facility is licensed for the following service categories: 10A NCAC 27G 5000 Facility Based Crisis Services for all Disability Groups 10A NCAC 27G 3100 Non-Hospital Medical Detoxification 10A NCAC 27G 3200 Social Setting Detoxification.	V 000		